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ABSTRACT

This booklet provides an overview of the process of bibliotherapy and suggests some techniques that can be used in implementing it. Various sections of the booklet discuss the following topics: (1) the definition of bibliotherapy, (2) the history of bibliotherapy, (3) bibliotherapy and human needs, (4) the bibliotherapeutic process, (5) the methodology of bibliotherapy, (6) the attributes of a bibliotherapist, (7) and the limitations of bibliotherapy. An appendix contains a list of books to be used in bibliotherapy. (FL)

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Introduction

> Reading is the key that enables us to see with the keenest eyes, hear with the finest ears, and listen to the sweetest voices of all ages.
>
> James Russell Lowell

If you have ever felt warm, weepy, excited, or renewed after reading a book, then you have experienced a form of bibliotherapy. We've all laughed and cried as our favorite characters succeeded and failed, because good literature is built on life itself—and life's not always easy! But once in awhile a particular book or passage from a book touches us, and we are never the same again. Life is fuller as a result of these moments, but such insightful occasions are rare. Happening upon a book that deals fictionally or factually with immediate emotional, intellectual, social, and even physical needs is like finding a four-leaf clover.

This fastback describes a means for parents, teachers, librarians, and counselors to use the power of books to help others cope with pressing human needs. The chance encounter with the right book can become a type of therapy that assists the reader in solving problems or accepting difficult situations. But, as we shall see, bibliotherapy is a *planned* way to use the power of books.

What Is Bibliotherapy?

Like so many other big words, *bibliotherapy* is a basically simple idea: the use of books to help people. The many diverse definitions for it range on a continuum that stretches from a medical/clinical focus to a developmental/preventive focus.

On the medical/clinical end of the continuum are definitions like the one that appeared in *Dorland's Illustrated Medical Dictionary* in 1941: "The employment of books and the reading of them in the treatment of nervous disease." The third edition of *Webster's New International Dictionary* defines bibliotherapy as "the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry." *Webster's* goes on, however, to provide a second definition that fits at the developmental/preventive end of the continuum: "guidance in the solution of personal problems through directed reading." This latter definition is the focus of this fastback.

Several other definitions from the literature that are developmental/preventive, presented below, expand the abbreviated dictionary definition.

Bibliotherapy is

> . . . a process of dynamic interaction between the personality of the reader and literature—interaction which may be utilized for personality assessment, adjustment, and growth.
>
> Russell and Shrodes, 1950

> . . . help[ing] a pupil find a book that might help the pupil solve a personal problem, develop skills needed for living, and/or bolster self-image.
>
> Shepherd and Iles, 1976

. . . getting the right book to the right child at the right time about the right problem.

Lundsteen, 1972

Psychology through literature-reading that is used to help solve or prevent problems.

Stadel, 1964

. . . therapeutic reading in which children find duplications of their own problems and observe how children similar to themselves face their difficulties.

Bailey, 1964

Common to all of the above definitions is an assumption that a particular human problem exists. Often this problem has developed because a need is not being met. For example, a child who is overweight may be getting negative feedback about his or her appearance, which results in a poor self-concept. The child may find information on weight control programs or may be encouraged to eat less because a character in a book has been successful in staying on a low-calorie yet nutritious diet.

Another assumption in all of these definitions of bibliotherapy is that the reader must become personally involved with the situations and characters in a book. In other words, bibliotherapy assumes something more is going on than simply reading for pleasure. The reader must experience a change in thinking about the need that is presently unmet in his or her life.

Bibliotherapy need not be restricted solely to those times when problems surface in children and youth. There is a preventive aspect to bibliotherapy as well. The definitions presented here assume that there are problems common to all children during their development into adults. Such problems as starting school for the first time, being left out in a game, and not liking something about one's appearance are situations shared by most children. By anticipating these situations, the bibliotherapist can use books to help children deal with these problems.

While these definitions and discussion are intended to clarify what bibliotherapy *is*, perhaps a note on what it is *not* is in order. As practiced by teachers, parents, librarians, and counselors, bibliotherapy is

not the solution for deep-seated psychological problems that call for long-range therapeutic intervention by a specialist, although it may be one of many techniques used by a psychologist or psychiatrist. Casual book recommendations to a friend cannot be considered bibliotherapy, either. Bibliotherapy is a *deliberate* intervention with definite goals that are identified at the outset. In other words, a need must be identified, a book must be selected specifically for the need and the particular person in need, and a presentation and follow-up plan must be designed and implemented in order for reading to be called bibliotherapy.

The History of Bibliotherapy

Bibliotherapy has its roots in the stories that were told around campfires from the earliest times. Through these stories people learned to empathize and see their problems from a new vantage point.

Aristotle used readings to arouse healing emotions in himself and his students. The great Roman orator, Celsus, is said to have directed the ill to read to improve their capacity for making judgments. And Chinese author and philologist Lin Yutang observed that "Reading of the best kind always gives . . . understanding of life and oneself." Our Puritan ancestors established public schools in New England to teach reading because they thought reading the scriptures would provide citizens with direction in their daily lives.

The ancient practice of inscribing lofty statements on the entrances to libraries provides another historic example of the early recognition of how books could be used to help fulfill human needs. An epigraph on the library founded in Alexandria about 300 B.C. read, "Medicine for the Mind." The library at Thebes in ancient Greece was dedicated to the "Healing of the Soul." The medieval Abbey Library of Saint Gall in Switzerland carries the inscription, "Medicine Chest for the Soul."

It seems that once humans developed language, they were destined to be forever manipulated by words, both positively and negatively. From parables, myths, and fables, passed down by word-of-mouth, to powerful books such as Henry Thoreau's *Civil Disobedience* (1849) or Harriet Beecher Stowe's *Uncle Tom's Cabin* (1852) and poetry like that of Walt Whitman come the legacy of bibliotherapy. Throughout history the written and spoken word has been one of the most influential tools to heal troubled souls and to change the human condition.

Bibliotherapy and Human Needs

Doug's grandmother died yesterday. Jenny's parents are getting a divorce. Todd is repeating second grade this year. And then there's Chip, who sits quietly staring out the window—daydreaming. These children and others are struggling to cope with painful situations. Bibliotherapy can help these children make adjustments to such situations and even contribute to their overall emotional development.

To understand how bibliotherapy can contribute to the satisfaction of universal human needs, it is helpful to examine these needs. The late Abraham Maslow identified a hierarchy of needs in his books *Motivation and Personality* and *Toward a Psychology of Being*. The needs fall into seven categories:

1. *Physiological needs.* These are the most basic of all needs, because life depends on their being fulfilled. Every person has a need for food, clothing, sleep, and basic medical care. If a person is hungry, it is unlikely that he or she will be thinking about higher-level needs. Unmet physiological needs may prevent children from learning in school.

2. *Safety needs.* Each person must feel secure physically, emotionally, intellectually, and spiritually. A person fearing for his or her physical safety is unlikely to want to explore or risk, two necessary components of learning. Children need to feel that the world is predictable. Sometimes a divorce or death in a family destroys the sense of predictability a child needs. Until a feeling of security is restored, the child's emotional life is in disarray.

3. *Love and belonging needs.* These needs involve the giving and re-

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Bibliotherapy: The Right Book at the Right Time

By Claudia E. Cornett and Charles F. Cornett

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Those who saw others in extreme need were the first to develop a methodology for the process we know now as bibliotherapy. The *systematic* use of books to help people cope with their mental and physical needs began in Europe. By the end of the eighteenth century books were being used to treat the mentally ill in France, England, and Italy. Libraries had become a part of nearly all European mental hospitals by 1900. In America doctors did not recognize the therapeutic value of books until well into the nineteenth century. Then physicians like Benjamin Rush began to prescribe the Bible or other religious readings to their patients. Gradually mental hospitals in the U.S. began to establish libraries that would serve as intellectual and emotional pharmacies for patients.

Librarians soon began to realize the applications book therapy could have outside an institutional setting. They began to work with juvenile delinquents, immigrants, and physically handicapped persons who patronized public libraries.

Then in 1916 Samuel Crothers wrote an influential article in *Atlantic Monthly* describing the use of books in treatment situations. He used the Greek word for book, "biblio," and combined it with "therapy" to give the process a name, bibliotherapy. The label stuck.

The systematic use of bibliotherapy has developed tremendously since 1916. Early in the twentieth century the American Library Association gave its support to the bibliotherapeutic process. Over the years courses were established in library schools, conferences were held, and hundreds of articles, dissertations, and speeches were prepared on the topic. Psychologists, clergymen, and educators soon recognized that bibliotherapy was a tool they too could use in their professions. Along with art therapy, poetry therapy, plant therapy, music therapy, writing therapy, play therapy, and psychotherapy, bibliotherapy has come to be r. .ognized as a helpful way for us to deal with life conditions. American novelist James Baldwin poignantly expressed it this way:

> You think your pain and your heartache are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me most were the very things that connected me with all the people who were alive, or had ever been alive.

ceiving of love and respect and the feeling of acceptance into a group—family, school, peer, and others. Children who have not established fulfilling peer group memberships often feel dissatisfied with their lives. While family group membership partially fulfills this need for belonging, we all need friendships and other group identifications.

4. *Esteem needs.* All people need not only the respect of others, but, more importantly, self-respect. Personal esteem comes partially from the respect of others, but beyond what others think, we judge ourselves on internalized ethical and moral standards. It can become a self-fulfilling prophecy when a person judges himself unworthy or incompetent and then begins living up to this self-image. And, of course, behavior reflects the self-image or esteem level of each person.

5. *Self-actualization needs.* Maslow felt that everyone has the need to reach his or her full potential. There seems to be an internal energy source that drives a person to seek personal fulfillment. If lower-level needs are being fulfilled, we are free to function in the areas that challenge our potential. Meaning in life comes from achieving progress toward personal goals, be they occupational, spiritual, economic, or artistic. When needs for self-fulfillment go unmet, depression, lack of interest, irritability, and other unhealthy responses frequently result.

6. *The need to know and understand.* We are all curious beings, often wanting to know for the sake of knowing. This curiosity sparks both our work and play. Seeking new knowledge, understanding, or skills renews us. Children's curiosity is insatiable when given encouragement. Children seek out and acquire tremendous amounts of information at an early age. On the other hand, withholding information about a topic can stifle this need to know. A familiar example is the adolescent's seeking information about sex and being rebuffed when he or she requests it. Frustration, guilt, and often gross misunderstanding can result from youth not having information of this kind when they need it.

7. *Aesthetic needs.* Maslow found that individuals have a need to experience beauty in a variety of ways. While this need is expressed differently, people search for aesthetic satisfaction in music, art, theater, and especially in their home environment. For some the need for aesthetic fulfillment seems to be greater than for others. For ex-

ample, highly aesthetically oriented children can become uncomfortable in classrooms that are unkempt. And, of course, all children can be helped to see beauty in simple things or find beauty in unexpected places.

While bibliotherapy cannot feed a hungry child, it can contribute to the fulfillment of many of the needs identified by Maslow. Children can come at least to understand the role physiological needs play in life and can partially satisfy their upper-level needs.

Although the research on bibliotherapy is incomplete, several studies have shown positive results in students' problem-solving ability, ability to identify socially accepted behaviors, personal adjustment, values development, interpersonal relations, acceptance of people different from themselves, and reading achievement (Agnes, 1947; Smith, 1948; Herminghaus, 1954; Martin, 1955; Livingood, 1961; Weiss, 1961; Fisher, 1965; Tauran, 1967; and Schulteis, 1969). From these studies, along with personal testimonies about the effects a certain book has had, come a rationale for bibliotherapy.

More specifically, the bibliotherapeutic process has been found to have the following effects on readers:

Affective changes (attitudes, values, emotions)

1. Promotes empathy
2. Creates positive attitudes
3. Produces personal and social adjustment
4. Develops positive self-image
5. Relieves emotional pressures
6. Develops new interests
7. Promotes tolerance, respect, and acceptance of others
8. Encourages realization that there is good in all people
9. Helps reader to identify socially accepted behaviors
10. Stimulates the examination of moral values, which results in character development
11. Creates a desire to emulate models

Cognitive changes (intellectual, reasoning, thinking)

1. Stimulates critical thinking, such as analysis, drawing con-

clusions and implications, making decisions, solving problems, making judgments

2. Gives perspective to problems so that they can be put into proper proportion; reader sees universality of problems
3. Provides vicarious experiences
4. Provides insight into human behavior and motives
5. Develops in the reader the ability for self-evaluation
6. Challenges reader to consider higher-level reasoning
7. Encourages planning before taking a course of action
8. Permits discussion on an impersonal level
9. Reveals that problems have many alternative solutions and individuals have choices in solving problems

In summary, through bibliotherapy cognitive and affective changes occur in the reader that enable him or her to fully or partially satisfy an unfulfilled need. Through bibliotherapy young people can be helped to cope with a multitude of problems.

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The Bibliotherapeutic Process

> Until I read *Roots* I always kind of wished I wasn't black. But Kunta Kinte was a fine black African. Because he kept his African name, his family stayed proud of being black. I feel like the troubles with being black today aren't as bad as when Kunta Kinte lived. So if he could stay strong and proud, so can I.
>
> Charlie, age 15.

> I cried two times when I read the *Secret Garden*. First I couldn't stand it because Mary was so alone. I knew just how she felt, because I am mean sometimes when no one pays attention to me. The second time I cried was at the end. I was so happy that Mary changed. I guess everyone can be good if just one person helps them.
>
> Kathy, age 11.

> When my teacher read *Alexander and the Terrible Horrible No Good Very Bad Day* to us it made me feel better. We were having a bad day that day. But I guess now we know it happens to everybody sometime.
>
> Brian, age 7.

Charlie, Kathy, and Brian have each experienced bibliotherapy, as evidenced by their statements about the effects of three very different books on their thinking. It's doubtful whether these books would have the same effects on someone else. However, the fit between these three children and these three books contributed to the bibliotherapeutic process. In each case the reader brought to the situation past experiences and emotional needs that the book was able to address—clearly examples of the *right book* at the *right time*.

It is impossible to isolate all the factors at work in the bibliotherapeutic process, but what we do know about how bibliotherapy works is largely credited to Caroline Shrodes, whose 1949 dis-

sertation on the topic has become a classic in the field. She identified the following stages through which a reader progresses in bibliotherapy.

1. *Identification.* If conditions are right, the reader comes to empathize with some real or fictional character in a book. When the reader becomes aware of the parallels between his life and the one in the book, a kind of "shock of recognition" occurs, emotions run high, and the reader's perceptions of the characters and situations become colored by needs the reader presently has. In many ways the reader sees what he wants to see, consciously or unconsciously. But the imagery takes on a new or different dimension. Charlie identified with Kunta Kinte, Kathy with Mary, and Brian with Alexander. The identification lays the groundwork for the next stage.

2. *Catharsis.* When empathetic identification reaches its peak, the reader is able to release pent-up emotions under safe circumstances. The reader feels secure because he isn't actually the person involved in the emotional circumstance. And yet the similarities in the character's and reader's lives enable the reader to get a new perspective on his problems. Shrodes calls this the "illusion of standing apart and of being involved . . . to be both spectator and participant." Cianciolo describes the cathartic effect as a "purge for the emotions of the reader." Once emotions have been released, the path is cleared for a more rational look at the problem and possible solutions. Eleven-year-old Kathy described her catharsis as being in two parts by saying, "I cried two times . . . ." She goes on to examine logically the motives behind her emotional outbursts and finally is able to draw a conclusion from the entire experience that gives direction to her own thinking.

3. *Insight.* As a result of the catharsis, one achieves an integration of mind and emotions. Possible problem solutions are identified. Charlie's insight was, "If he could stay strong and proud, so can I." Kathy realized the importance of support from or for another person in overcoming loneliness. Brian saw bad days as inevitable obstacles that everyone must overcome.

In order for bibliotherapy to achieve its goals, the reader must experience all three of the above stages. But often the reader stops at a superficial identification with a character. This may be the fault of the

author, the condition of the reader or setting, or the methodology of the bibliotherapist. Obviously, everything a reader reads will not have the full three-stage impact. But if progress is to be made in meeting human needs through bibliotherapy, the reader must eventually achieve insight, a kind of "ah-hah!" or feeling of closure. This insight may come through reading one book, but more often it is a cumulative process in which several bibliotherapeutic encounters contribute to the resulting insight. The skillful bibliotherapist will have greater success in guiding students toward this insight stage by following the model outlined in the next chapter.

The Methodology of Bibliotherapy

How does someone set out to conduct a session in bibliotherapy? The following is a model of the steps in preparing for and implementing bibliotherapy.

Preparation for Bibliotherapy

1. Identify student needs
2. Match student(s) with appropriate materials
3. Decide the setting, time, and introductory and follow-up activities to be used
4. Prepare materials

Implementation Steps

1. Motivate student(s) with introductory activities
2. Provide the reading/viewing/listening experience
3. Allow incubation time
4. Provide follow-up
5. Conduct evaluation and direct student(s) toward closure

Preparation for Bibliotherapy

1. *Identify student needs.*

The first step in preparing for bibliotherapy is gathering information about student needs. The kinds of tools and strategies used to obtain such information range from very structured to informal.

Observations: Parents, teachers, counselors, and librarians are in positions to observe how children behave and react in a variety of circumstances at home and at school. Information from a number of observations can tell the observer in which circumstances the child is

the most and the least successful. Through careful observation, physiological needs related to learning can be revealed, such as the need to work alone or to have oral directions supported by written ones. An eighth-grade teacher in one school was able to identify a visual problem a child had developed as a result of a brain tumor. Once the physiological need of the child had been taken care of by a physician, work was begun to help the child accept his disabilities. Bibliotherapy was among the procedures introduced to help this child regain self-respect and confidence.

School Records: These can reveal patterns in a child's behavior, for example, academic strengths and weaknesses that could be related to other occurrences in a child's life. School personnel records can give information about a child's physiological needs as well as his family situation. Specific accomplishments and extracurricular activities reveal areas in which the child has special interests or curiosities.

Conferences: Through conferences, parents, teachers, counselors, librarians, and school administrators can share information about a child's needs. Often, however, the shortest route to a problem solution is simply to ask a child what the problem is. These interviews can take more indirect forms when children are simply given opportunities on a regular basis to talk with adults about whatever they wish. Depending on the openness and flexibility of the adult, much information can be gained about children's needs from casual conversations sprinkled with open-ended questions like, "What do you think about . . . ?" or "How would you feel if . . . ?"

Student Writing: Children often reveal many of their needs, intentionally and unintentionally, in open-ended writing assignments. Teachers may wish to assign autobiographies or daily journals to be handed in. The journal can be used with children from about the second grade; and when added to daily, it gives the teacher a profile of children's thinking processes. An effective technique is for the teacher to give questions to stimulate writing and then to give suggestions back to students to keep their thought processes going.

Some open-ended writing "starters" that can be used to elicit information about student needs are:

Title Starters: "My Biggest Problem"

"The Thing I Would Change About Me"
"My Saddest Experience"
"Things I Do Best"
"My Home"
"My Three Worst Fears"

"If . . ." Starters: If I were my mother I would . . .
If I were rich . . .
If I could be anything . . .
If it weren't for . . .

Unfinished Sentences: Teachers are . . .
My father . . .
School is . . .
On the playground I . . .
Other students are . . .

Wish Test: You have been given three wishes. What would they be and why did you choose these three?

Questionnaires: What bothers you most about school?
What is the best part of school?
How would you change your family if you could?
What do you do in your free time?

Rankings: Decide on three problems you have and put them in order from biggest to smallest.

Lists: List all the things you would like to change about yourself. Number them in the order you'd like them to be changed.

Rating Scales: Rate each statement according to whether you:
1—strongly disagree
2—disagree
3—somewhat agree
4—agree
5—very much agree

1. Working in a group is fun. ____
2. Books are boring. ____
3. Life is interesting. ____

Dear Abby: Have a mailbox where students can put letters about their problems.

Throw-Away Box: Students write their worries on a piece of paper and throw them away into this box.

Discussions: Small discussion groups, each with an adult observer, provide another source for identifying student needs. Examples of topics are:

Dreams	Hates
Wishes	Friends
Fears	Mistakes
Loves	Growing Up
Secrets	Anger

Art Activities: Here are some art projects through which students can reveal needs.

Coat of Arms: Each student makes a shield that is divided into six parts: favorite pastimes; things that make me sad; things that make me happy; my family; me; things I hate. He then draws something to express his feelings in each part of the shield or coat of arms.

Pizza: This is the same idea as the shield, but children draw responses on each slice of a pizza.

Me Collages: Children find pictures and words that tell about themselves and paste the words and pictures on paper cut in the shape of their bodies or heads. Children can trace around one another for body shapes. Shadows of children's profiles can be traced around to get head shapes by using the light from a filmstrip projector.

About Me Book: Children draw or paste words and pictures on pages in a book made of construction paper. Each page is labeled with topics:

Things that make me happy
My favorite hobbies
Wishes I have
About my family

Poetry: Many poetry forms can be used to stimulate students' thinking about themselves: haiku, sijo, cinquain, diamante. Here is the format of a diamante that can be used to obtain information about a person:

Student's Name
2 adjectives describing student
3 verbs describing student
4 word phrase about student
3 verbs that do not apply to student
2 adjectives that wouldn't describe student
Name of a person that is the opposite of student
in some way

Note: A diamante comes out shaped like a diamond.

2. *Match students with appropriate materials.*

> Words are merely words, but real literature for any age is words chosen with skill and artistry to give the readers pleasure and to help them understand themselves and other.
>
> (Lukens, p. 7)

Once specific student needs have been determined, the bibliotherapist needs to identify appropriate books and other materials. It should be noted that audio- and videotapes, filmstrips, films, and slides can be used in place of books, short stories, and poems to achieve the goals of bibliotherapy. This kind of bibliotherapy is being referred to as "audiovisualtherapy." However, books and short stories remain the mainstay of the bibliotherapist.

Simply finding a book about divorce for a child whose parents are getting a divorce, or gathering up books in which a character dies for

the child who has experienced a loss through death, is not adequate for the purposes of bibliotherapy. In fact, one of the few criticisms of bibliotherapy has been the tendency of some to disregard standards of literary merit and other factors relating to reading when selecting books. The following criteria should be considered when selecting literature appropriate for bibliotherapy:

a. Is the book appropriate for the child's reading ability? If the child is to read the book without help, he must be able to understand the vocabulary and main ideas in the book. To judge whether a book is at an appropriate reading level: 1) read it yourself, and 2) compare the reading level of the book with other books the child has read recently without difficulty. It has been found that teacher judgment is generally more reliable in selecting appropriate books than standardized reading tests or readability formulas.

b. Is the book written at an interest level appropriate to the child's maturity? The writing style of some books, such as *The Giving Tree* by Shil Silverstein, helps them transcend the boundaries of age. Such books interest people both young and old. Other books are oriented toward a particular age group: primary (5-9), intermediate (10-12), young adolescents (13-15), young adults (16-19). For example, the delightful book, *Ira Sleeps Over*, which deals with the need for security, is more appropriate for young children because Ira is a primary-aged boy and the symbol of security is his teddy bear.

c. Do the major themes in the book match the present needs of the child? For example, *Charlotte's Web* may not usually be identified with the topic of death. But one of its themes is that death is a natural part of the life cycle. For this reason it may be an appropriate book to use with someone who has recently experienced the death of a loved one. However, other criteria must also be met to make sure that even a fine piece of literature like *Charlotte's Web* is appropriate for a particular child.

d. Are the characters believable enough for the reader to empathize with their predicaments? One of the reasons series books like *Nancy Drew* or the *Hardy Boys* would not usually be appropriate for bibliotherapy is that their characters are bigger than life. Nancy, for example, does things an average girl of her age could not and would not do. These books may appeal to the fantasy needs of children, but they make

little contribution to that important *insight* stage in the bibliotherapeutic process.

e. Does the plot involve creative problem solving? Since one of the goals of bibliotherapy is to cause children to think about alternative solutions to problems, plots should reflect creative problem resolutions through the original actions of the characters. This does not mean that children should duplicate these actions, but the plot should help the reader to realize that there are many turns that a situation can take and that decisions taken result in consequences to self and others.

f. Is the setting of the book one children can identify with, given their own background? Although this may only be a minor consideration, setting can contribute or detract from the reading experience. It is one thing to provide a child with a vicarious experience, but if the story is set in a Chinese village it may be difficult for the child to project himself into the character's situation. This is not to say that it isn't important for children to learn about other cultures through books, but rather to suggest that the bibliotherapist avoid recommending books that might not be effective because of the remoteness of the setting.

g. Does the book's format enhance its contents? Some children turn off thick, hardback books before they even begin to read them. The size and nature of the type and the amount of written material on each page can also influence the reader's attitude toward the story. Illustrations, too, are a consideration, especially in picture books. The sensitive illustrations in the wordless book *The Silver Pony* make it possible for even intermediate and young adolescent children to enjoy and empathize with the central character's situation of not being believed by adults.

Ideally the bibliotherapist should read and evaluate all books based on the above criteria. But with 2,500-plus children's books being published each year, such evaluation is impossible. The following list of a few basic resources that categorize, summarize, and rate according to reading level will be helpful to anyone interested in building a book collection for purposes of bibliotherapy.

Dreyer, Sharon. *The Bookfinder*. American Guidance Service, Inc., 1977.

Includes a separate subject index to 1,031 annotated children's books. This unusual book is billed as a "guide to children's literature about needs and problems of youth aged 2-15."

Reid, Virginia, ed. *Reading Ladders for Human Relations*, 5th edition. Washington, D.C.: American Council on Education, 1972.

Categorizes books into four areas: creating a positive self-image, living with others, appreciating different cultures, and coping with change. Each area is subdivided further and includes books at the primary, intermediate, junior, and senior levels. Each book is briefly summarized.

Moody, Mildred, and Lemper, Hilda. *Bibliotherapy Methods and Materials*. Chicago: American Library Association, 1971.

Divides books into the areas of physical handicaps, sibling and peer relationships, parents with problems, hostility, nature books, dropouts, sex education, self-discovery, gangs. The interest and reading level of each book is given along with a theme statement and brief summary.

Schulteis, Miriam. *A Guidebook for Bibliotherapy*. Psychotechnics, Inc., 1972.

Unannotated books are categorized into problems of: appearance, physical handicaps, siblings, acceptance by peer group and oneself, atypical home situations, unsettled living, foreign background, need for diversion reading. Short comments are given on each book along with a grade range.

Spache, George. *Good Reading for Poor Readers*, rev. ed. Champaign, Ill.: Garrard Press, 1960.

Gives annotated bibliography listed under 46 content headings. Indicates both interest and reading levels.

Kircher, Clara. *Behavior Patterns in Children's Books*. Washington, D.C.: Catholic University of America Press, 1966.

More than 500 books are arranged into 24 categories and cross-indexed under 146 behavior patterns.

Rudman, Masha. *Children's Literature: An Issues Approach.* Lexington, Mass.: D. C. Heath, 1976.

Brief annotations and age levels are presented for books categorized by siblings, divorce, death and old age, war, sex, the black, the Native American, and the female. Suggested methods and additional criteria for selection are given at the beginning of each division.

Zaccaria, Joseph S., and Moses, Harold. *Facilitating Human Development Through Reading. The Use of Bibliotherapy in Teaching and Counseling.* Champaign, Ill.: Stipes, 1968.

An extensive annotated bibliography follows a section on how to use bibliotherapy with children.

In addition to the aforementioned references, a multitude of bibliographies have appeared in articles in professional journals. These can be easily located by using *Education Index* or *Research in Education.*

Once the bibliotherapist begins to accumulate a list of appropriate books, a card file should be set up to record information about each book that deals with specific problems. An easy organizational system is a simple alphabetical listing of problems, with books that deal with more than one problem cross-referenced. The problems list on page 29 can be used to start a card file of books for bibliotherapy. A selected bibliography of books dealing with these problems appears in the Appendix.

By keeping a general list of problem topics at the front of the card file, one can add new topics to it as new books dealing with different problems are identified. A quick skimming of the list will then help to locate the books most likely for use in bibliotherapy.

On each book card the following information should be recorded: author, title, problem, subproblem(s), reading level, interest level, number of pages, literary genre, introductory activities, themes, plot, setting, characters, style format, follow-up activities.

It is also useful to jot down open-ended questions to guide student reading or use in a follow-up discussion or conference. There is a sample card for the book *Lentil,* by Robert McCloskey, on page 30.

Matching a book with a child's needs requires that the bibliotherapist be knowledgeable about a child's level of reasoning, interests, and

Problems List

acceptance by others	growing up	poverty
alcoholism	home	pregnancy
appearance	independence	prejudice
behavior	insecurity	responsibility
bullies	loneliness	running away
college	love	safety
courage	lying	school
decisions	marriage	self-concept
depression	mental ability	selfishness
disabilities	mental illness	self reliance
divorce	money	siblings
dropouts	moving	skills
drugs	nonconformity	stealing
fears	overweight	values
friendship	peers	violence
grades	physical handicaps	war

reading ability, as well as be familiar with a wide number of books. The closer a book fits the child, the greater the book's impact on him or her will be.

3. *Decide the time, setting, introductory, and follow-up activities to be used.*

Preparing for bibliotherapy requires time to introduce children to the book. Generally, the introductory activities should take only a few minutes. If a child does not demonstrate sufficient motivation in this amount of time, then he probably is not at a point where bibliotherapy is feasible. The important point to remember is that bibliotherapy cannot be forced.

The time it takes a child to complete a book or story will depend on his attention span, reading speed, and the length and difficulty of the book. For some children it may be necessary to break the reading sessions up into several 15- to 20-minute periods. Other children will become so involved in a story that the intensity of the experience will be lost if it is broken up. Since it is difficult to anticipate whether a child

Robert McCloskey Primary	*Lentil*	Minor Disabilities

23 pp.
Realistic fiction

Introductory—Make list of "things I do well." Think of one thing you don't do well.

Theme—Everyone has strengths that more than make up for weaknesses.
Why didn't Lentil like to sing?
How would you have felt if you were Lentil?

Plot-setting—Lentil saves the day for town by playing his harmonica.
Why did Lentil like to play the harmonica?
How else might Lentil have saved the day?

Characters—Lentil (young boy) and Ole Sneep (grumpy old man)
How could you find out something Ole Sneep does well?
How are you like Lentil?

Style-format—short, easy-to-read, with black-and-white humorous drawings

Follow-up—Find out what each child in class does best. Learn to play a short tune on the harmonica. Pretend that Lentil is in your class. Write him a letter telling him how you feel about his singing.

will "take to" a book or not, time should be kept flexible. Under no circumstances should a child be made to feel guilty if he does not finish a book. That would violate the purpose of bibliotherapy.

A second consideration in bibliotherapy is the setting. Bibliotherapy may be conducted in a library, a classroom, the office of a counselor or principal, or at home. Within the setting such factors as

privacy, lighting, temperature, furniture, and other components of comfort must be optimum if the child is to be relaxed and get involved in the book. Some therapists even recommend soft music to create atmosphere.

If there is a group of children with the same needs, interests, or concerns, it is possible to plan group bibliotherapy sessions. The success of such sessions will depend on the skill of the bibliotherapist in working with groups.

Schulteis (1977, p. 18) lists these values of group bibliotherapy:

a. The sharing of common experiences may lessen anxieties.

b. Grouping may create an atmosphere of belonging. This may improve self-concept.

c. Attention is not focused on one individual.

d. Individual insight may happen through the individual's active participation in the group or as a result of being exposed to the perspectives of others.

e. Working with others may stimulate the individual's social development.

f. Grouping promotes the understanding of others' problems, empathy, and acceptance of differences among people.

g. Group experiences can motivate individuals to read.

Some types of ongoing group structures in which bibliotherapy can be introduced are: library and reading clubs, magic circle groups, or any other group that meets regularly and has common needs. In the classroom, such regular groups can be created as needs arise. Comfortable reading nooks or corners in classrooms offer inviting places for small-group bibliotherapy. Carpeted areas apart from the main classroom traffic areas or a mock "treehouse" that rises above the classroom are settings that have been used in some schools.

One total classroom reading structure into which bibliotherapy can be introduced is the Uninterrupted Self-Selected Sustained Silent Reading (USSSR) procedure in which everyone, including the teacher, reads silently at a specified time on a regular basis. In some schools the entire building participates, including principals, secretaries, custodians, and visitors. This technique has also been referred to as SQUIRT (Sustained Quiet Independent Reading Time).

While group bibliotherapy has value, there will be times when the nature of the child's problem necessitates individual sessions. The one-to-one setting provides a child the attention and privacy that will encourage open communication. Individual bibliotherapy gives the child a strong sense of being important and offers the opportunity for greater rapport between child and adult.

The appropriateness of introductory and follow-up activities depends on the child and his needs. Activities that may be appropriate are listed in the section titled "Implementation Steps."

4. *Prepare materials.*

The last step in preparing for bibliotherapy is collecting the necessary materials. A selection of books, art supplies, and equipment should be readily available when a session begins.

Implementation Steps

1. *Motivate student(s) with introductory activities:*

Motivation involves creating a positive atmosphere and capturing attention and interest so that students will relate past experiences to the situations they encounter in their reading. Activities used will depend on the nature of the group or the personality of the individual and the problem in question.

Activities may include informally exposing students to books in the form of 1) casual recommendations, "Bill, I thought you might like to take a look at this book . . .," 2) leaving books in places where students will encounter them, seemingly by accident, 3) displaying books or book jackets on tables or bulletin boards, 4) posting or handing out annotated booklists or title suggestions selected according to the needs of students, 5) arranging for students to share books with each other, and 6) setting up teacher or student book sales in which a short talk is given to sell a book to a group.

In addition to books, suggestions about story-related programs on radio and television can be effective. The "ABC After School Special" often stimulates thinking about personal problems. Another program, "Once Upon a Classic" is based on children's literature such as *The Secret Garden*. Many of the Newbery Award children's books are available on record, tape, and filmstrip.

If introductory motivational activities have been successful (they aren't always), then the children will each have reading materials in hand ready to begin. Make students aware that there will be a follow-up to the reading. Give them some examples of the kinds of questions you would like them to think about as they read. This will give direction and purpose to their reading. But keep the questions simple and avoid giving the impression that the questions are intended for a test to come later. Expect the child to enjoy the book. Without this expectation bibliotherapy will not succeed. This means that if a child begins a book and finds reading it a chore, the book should be put down.

2. *Provide the reading/viewing/listening experience:*

Materials besides books can be used in bibliotherapy. Poems, short stories, newspaper articles, pamphlets, films, filmstrips, records, tapes, and videotapes are all possibilities. These alternatives are especially important for use with children who have difficulty in reading.

3. *Allow incubation time:*

It takes time for information that is taken in to be integrated. This integration is necessary for critical and creative thought. Before the reader can achieve insight, time must pass during which past experiences can be related to the story and empathy can be created for the characters. Generally it is best to have the follow-up take place the day after reading is completed. While the time factor is often governed by variables beyond the control of the bibliotherapist, whenever possible he or she should attempt to insure that the child does not feel rushed.

4. *Follow-up:*

It is at this time that the child's thinking is challenged by the bibliotherapist. The therapist's questioning skills determine, to a large extent, the level of thinking that the student does. The goal is to have the student achieve insight, and this is accomplished by leading the student from recall of literal information in the book through interpretation, application, analysis, synthesis, and finally evaluation. The discussion ultimately focuses on the "whys" rather than "whats" in the story, with the child drawing conclusions to tie the experience together.

As the bibliotherapist asks these open-ended questions he should use both *wait time* and *silent time*. Wait time is a period of 5 to 10

Suggested Discussion Sequence

Teacher	*Student*
1. "Tell me what you read in your own words," or "What was this story about?"	1. Retells story
2. "What were the problems in the story? *Why* were they problems?"	2. Identifies main problems and themes
3. "What happened to the character(s)? Why?"	3. Identifies main characters
4. "What other things happened? Why?"	4. Identifies secondary problems
5. "How do you think the characters felt?"	5. Explains how characters felt
6. "How did the character(s) change from the beginning to the end of the story? Why did they change?"	6. Examines changes in story
7. "What would you have done if you had been the character? Why?" "Has anything like this ever happened to you?" "How could the situation be changed?"	7. Relates self to character(s) and evaluates actions
8. "What was the story really about?" "What do you think about the story now?"	8. Draws conclusions and summarizes

seconds or more in which students have time to ponder the question just asked. Don't rush the student and don't assume that silence means that thinking is not going on. The child must think for himself; the therapist can stifle the thought process by prompting. This is not to say that question clarification may not be needed. If a response has not been given after 15 seconds or so, ask the child to paraphrase the question to check his perceptions. *Silent time* occurs after the student has responded to the question. Here the therapist is indicating to the child that what's been said is worth thinking about for at least 10 seconds. If it is a group situation children will then often respond to one another's responses rather than just answer the adult's questions. This silent time also allows the child who responded to elaborate further upon the response just given.

After the discussion, students often are excited about the book and

can extend their understandings and skills by choosing to do activities related to the book. These activities should be optional, and certainly every book need not be extended in this manner.

5. *Conduct evaluation and direct students toward closure:*

The therapist should evaluate what has been achieved, considering how the session could have been improved and what the child needs next. But equally important is self-evaluation by the child.

There should be an opportunity for students to discuss individually with the bibliotherapist the effect the book has had on them. Through open-ended questioning, the bibliotherapist can cause the student to reflect on the experience and share conclusions and future directions.

One child wrote this cinquain to summarize and bring closure to her bibliotherapeutic experience with Eleanor Estes's *The Hundred Dresses*:

Prejudice
Evil, Dark
Hurting, Cutting, Twisting
But someday people will
Change.

Ruth, age 11

Attributes of the Bibliotherapist

Bibliotherapy is certainly not for everyone, nor should just anyone become a bibliotherapist. The knowledge and skills needed to do bibliotherapy can be acquired, but the attitudes required are not so easily learned.

The following is a synthesis of the attributes a bibliotherapist should possess.

Areas of Knowledge. The bibliotherapist should have a background in psychology, counseling, teaching theory and methodology, children's literature, child development, sociology, physiology, and biology.

Skills. The bibliotherapist should be able to:

1. Assess students to determine needs and interests.
2. Prescribe books or other materials appropriate to the child's reading, interest, and maturity levels.
3. Evaluate materials to determine those appropriate for bibliotherapy.
4. Plan for both individual and small-group sessions.
5. Ask questions on all levels of thinking and use silent and wait times after the questions and responses.
6. Demonstrate verbally and nonverbally the behaviors of a good listener.
7. Translate basic learning principles into practical, creative strategies for the bibliotherapeutic process.
8. Communicate effectively with children.
9. Evaluate each bibliotherapy session and determine the effectiveness of both strategies and materials for helping the child reach the insight stage.

10. Behave professionally. This includes observing the legal and ethical right of each child to privacy.

11. Use all the channels of communication to open avenues of expression for each child, e.g., creative writing, creative movement, drama, art, and music.

12. Consult with others about the needs of the child and determine when referral to a specialist is appropriate.

Attitudes and Values. The bibliotherapist should:

1. Believe in the worth and dignity of each person.
2. Have a broad experience background.
3. Be friendly, outgoing, approachable, and available.
4. Be accepting of the uniqueness of each person and tolerant of individuals whose problems make their uniqueness take negative forms.
5. Be capable of empathy.
6. Be enthusiastic about reading and be widely read.
7. Be positive about people.
8. Be open-minded and flexible.
9. Be capable of mature judgment.
10. Be able to handle stress and be emotionally stable.
11. Be objective.
12. Be responsible.
13. Be organized.
14. Be intrinsically motivated.

Who are the bibliotherapists of today, and who will be those of tomorrow? The answer is, people who have a deep desire to help others: counselors, librarians, teachers, principals, parents.

At present only a few universities offer courses in bibliotherapy, and even fewer have comprehensive training programs. But that does not mean that interested persons cannot prepare themselves for the field through study of related areas, such as those previously listed, and through independent reading, using such resources as the International Reading Association's *Bibliotherapy: An Annotated Bibliography.*

Limitations of Bibliotherapy

Although the benefits of bibliotherapy have been well documented, there is the potential of harm to a reader during bibliotherapy. The wrong book at the wrong time for a child can aggravate a situation. Schulteis (1977, p. 13) shares this experience reported by one reader:

> A reluctance to pet and fondle a dog was interpreted by a teacher as a fear of dogs. She assigned the reading of *Beautiful Joe*. Actually, my feeling towards dogs was the result of seeing my dog mauled and killed by a pack of dogs in our front yard. I resented the assignment, and as I read, I relived the moments of horror that I had witnessed earlier. The hurt was intensified, not relieved.

Obviously, a more careful assessment of the problem by the teacher might have prevented this situation.

The success of bibliotherapy may be limited by:

1. The readiness of the child to see himself in a mirror
2. The therapist's skill in directing the process through all the steps, especially the follow-up
3. The degree and nature of the child's problem
4. The availability of quality materials
5. The manner in which the book is presented to the child
6. The tendency of some students to rationalize away problems when reading about them
7. The student's and bibliotherapist's realization of the limitations of the process, i.e., that problems cannot be fully resolved by merely reading about them
8. The ability of the student to transfer his insight to real life

9. The tendency of some students to use literature as an escape, causing increasing withdrawal into a world of fantasy

10. The interrelationship between the reader and the bibliotherapist

11. The availability of courses and training programs in bibliotherapy

Bibliotherapy is not foolproof, nor is it a panacea. It *is* a worthy adjunct to other methods of helping people cope with needs that arise in life.

Summary and Conclusion

This fastback provides an overview of the process of bibliotherapy and suggests some techniques that can be used in implementing it. Although research is incomplete on how bibliotherapy works, it has been shown to have positive effects on people who are ready to think through their problems.

Interest in bibliotherapy is spreading, as evidenced by the increasing number of books and bibliographies published, the number of new courses being developed, the number of articles appearing in professional journals, and the frequency of the topic on conference programs. In some states, such as Indiana, certification requirements for the bibliotherapist are already under investigation.

The boundaries of the potential of bibliotherapy are yet to be firmly drawn, but as Shrodes (1955, p. 29) puts it:

> At the very least it is likely to arouse an interest in books and help the student to find meaning in them. In some cases there may be delayed reaction. A book that at the time of reading merely entertained him may become a part of his mind's store of images, a segment of his experienced world, a touchstone for his evaluation of experience, a salutary reminder of danger, a clue to understanding his motives, a clarification of reality, a strategy for coping, or a vision of order.... To these ends the imaginative writer contributes, for he is able to teach "the human heart, through its sympathies and antipathies, the knowledge of itself."

Appendix

Examples of Books for Bibliotherapy

Code: P—Grades K-3
I— Grades 4-6
U—Grades 7-Adult

Acceptance by others:

Estes, Eleanor. *The Hundred Dresses*. New York: Harcourt Brace Jovanovich, Inc., 1944. (P)

Alcoholism:

Trivers, James. *I Can Stop Any Time I Want*. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1974. (I-U)

Appearance:

Kerr, M. E. *Dinky Hocker Shoots Smack*. New York: Harper and Row, 1972. (I-U)

Behavior:

Cleary, Beverly. *Ramona the Pest*. New York: William Morrow and Co., Inc., 1968. (I)

Bullies:

Hinton, Susan E. *The Outsiders*. New York: Viking Press, Inc., 1967. (U)

Courage:

Speare, Elizabeth. *The Witch of Blackbird Pond*. New York: Dell Publishing Co., 1958. (I)

Death:

de Paola, Tommy. *Nana Upstairs and Nana Downstairs*. New York: G. P. Putnam's Sons, 1973. (P)

Disabilities:

Butler, Beverly. *Light a Single Candle*. New York: Dodd, Mead and Co., 1962. (I)

Divorce:

Blume, Judy. *It's Not the End of the World*. Scarsdale, N.Y.: Bradbury Press, 1972. (I-U)

Dropouts:

Eyerly, Jeannette. *Drop Out*. Philadelphia, Pa.: J. B. Lippincott Co., 1963. (U)

Drugs:

Anonymous. *Go Ask Alice*. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971. (U)

Fears:

Mayer, Mercer. *There's a Nightmare in My Closet*. New York: Dial Press, Inc., 1968. (P)

Friendship:

Sharmat, Marjorie. *Gladys Told Me to Meet Her Here*. New York: Harper and Row Publishers, 1970. (P)

Growing up:

Blume, Judy. *Are You There God, It's Me Margaret*. Scarsdale, N.Y.: Bradbury Press, 1970. (I)

Lying:

Ness, Evaline. *Sam, Bangs and Moonshine*. New York: Holt, Rinehart and Winston, Inc., 1966. (P)

Marriage:

Head, Ann. *Mr. and Mrs. Bo Jo Jones*. New York: G. P. Putnam's Sons, 1967. (I)

Mental Illness:

Neufeld, John. *Lisa, Bright and Dark*. New York: S. G. Phillips, Inc., 1969. (I)

Nonconformity:

Cormier, Robert. *The Chocolate War*. New York: Dell Publishing Co., 1974. (U)

Overweight:

Breene, Constance. *A Girl Called Al*. New York: Viking Press, Inc., 1969. (U)

Pregnancy:

Sherburne, Zoa. *Too Bad About the Haines Girl*. New York: William Morrow and Co., 1967. (U)

Prejudice:

Fox, Paula. *The Slave Dancers*. Scarsdale, N.Y.: Bradbury Press, 1973. (I)

Responsibility:

Cleaver, Vera and Bill. *Where the Lillies Bloom*. Philadelphia, Pa.: Lippincott Co., 1969. (U)

Running Away:

Samuels, Gertrude. *Run, Shelley, Run!* New York: Thomas Crowell Co., 1974. (U)

Safety:

Baylor, Byrd. *Everybody Needs a Rock*. New York: Charles Scribner's Sons, 1974. (P)

Self-concept:

Klein, Norma. *Confessions of an Only Child.* New York: Pantheon Books, 1974. (I)

Siblings:

O'Dell, Scott. *Island of the Blue Dolphins.* Boston, Mass.: Houghton Mifflin Co., 1960. (I-U)

Violence:

Dillon, Leo and Diane. *Why Mosquitoes Buzz in People's Ears.* New York: Dial Press, Inc., 1976. (P)

War:

Hunt, Irene. *Across Five Aprils.* Chicago: Follett Publishing Co., 1965. (I-U)

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